Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	sponsible for R	eimbursing the	Contract		County	I	Legal Entity
Deer Lodge Ele	m				Powell		0712
High School or K-12 D	istrict Responsi	ble for Reimbu	irsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly □ Both Semesters
Jann Beck					Pre-kindergarten/Kinde	rgarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only		ly Both Semesters
Distance from home Elementary 14 Distance from home Elementary 0 Contract is for o Students in Each Grade Lementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scl CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	ws: ansport or provide ransport the stude, the District shall past semester. be computed on t	transportation fo ents. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s or bus stop on the days when school is on for the distance reported on the contraction upon certification by the teacher or 42, MCA, and the information accompand or enrolled in school, whichever occurs fi). in session. The parent or guar act actually occurs. principal of the school of the no	
Elementary School Deer Lodge Elem			ard of Truste				Date
High School District	:	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		•
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Signature - Parent or 0	Guardian						Date	
			I attes	t that the above	information is	true and correct.		
Deer Lodge Elem High School District		Chair, Boa	rd of Truste	es				Date
Elementary School D			ear or when the rd of Truste		er enrolled in sch	ool, whichever occurs firs	t.	Date
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: nsport or provide to ansport the studer the District shall past semester. the computed on	transportation for nts. Mileage cont ay the parent the ne basis of the sc	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to the stop on the distance of the distance of the distance of the stop of t	e reported on the contract ation by the teacher or pro- e information accompany	session. The parent or guar tt actually occurs. incipal of the school of the n ing this contract.	rdian assures that a licensed and umber of days the student(s) was
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
Correspondence Reg.						- · -		
Room & Board							IMBURSEMENT Rict, county and OP	
Spec. Ed. Trans						for your files.		
Regular Trans					files.	ITV CHDEDINTEN	DENTS. Sand arisis	nal to OPI by July 10, retain a
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARE	NTS: Due to Scho		uly 1, retain a copy for your
☐ Contract is for on Students in Each Grade Lev	, ,	the students to b	e covered by thi	is contract.	Dea	dlines:		
Distance from home Elementary 14.6 Distance from home Elementary 0	HS 0	·	• /		Kinde by th To or To or Kinde	is contract: from Bus Stop from School ergarten child ride	times per day, times per day, times per day, s without other sch	days per week days per week days per week ool-age students: days per week days per week days per week
Kristine Danforth Physical Address (str		only):			☐ 1st	•	☐ 2nd Semester On	nly Both Semesters
Parent or Guardian N	•	e Print)				Semester Only	□ 2nd Semester On	nly Both Semesters
	□ yes	no				CONTRACT IS FO	DR:	
District Trustees and the	Init	tials		Stude	nt Name	School	Grade	
Public Instruction. (10.7 Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, ti	0-10-142, MCA stances of isola ual circumstand he county trans	A, provides for ation of residen ces must be resportation comi	ce. In order to viewed and apmittee, and the	o receive oproved by the	Stude	nt Name	School	Grade
□ yes□ noAre you applying for(If yes, please attach			□ No		Stude	nt Name	School	Grade
Is this contract share	d between el	ementary an	d high scho	ol?				
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Deer Lodge Elen		amburaing the	Contract			Powell		0712
Elementary District Res			Contract			County		Legal Entity
	ox 202501 a, MT 59620	1-2501				2005- 2006 Clerk June 1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 2005- e to School Clerk				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		<u>'</u>	Legal Entity	_
Deer Lodge Elen	n				Powe	II		0712	
High School or K-12 Dis	trict Responsib	ole for Reimbur	rsing the Cont	ract	County			Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attach	explanation))	□ No		Student Nam	ie	School	Grade	:
rates for special circums increased rates, individu trustees of the district, the	stances of isola ual circumstanc	ation of residen	ce. In order t	o receive oproved by the	Student Nam	ie	School	Grade	!
Public Instruction. (10.7 Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Student Nam	ie	School	Grade	:
District Trustees and the	-		mittee. tials		Student Nam		School	Grade	
Elem District Approval HS District Approval		□ no □ no						Grade	
County Approval Parent or Guardian N		no			THIS CONTE Grades 1-12		PR:		
	vaille. (Fleas	e Fillit)			☐ 1st Semes	ster Only	□ 2nd Semester Onl	y Both Semesters	
Lannette King Physical Address (str	reet address	only).			Pre-kinderga			Deth Commenters	
i ilyolodi / ladi ooo (oli	oot addrood	O y /.				-	☐ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 1.9 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board	HS 0 to nearest bu HS 0 e-way only	us stop, if any	(one way)	s contract. 9-12 Total	Kindergarter by this control To or from Bit To or from Bit To or from Bit To or from So To or from So Deadlines PARENTS: CLERKS: Si files.	n child ride ract: us Stop chool n child ride us Stop chool Due to Scho end original PPERINTEN files.	times per day, times per day, sex without other school times per day, tool Clerk June 1.		
Correspondence						(FOI GIST	ici, county and OFI	use only)	
Reg. Contingency						Reimbu	rsement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	s: sport or provide t	transportation for	the student(s) to	o and from the school		e District(s).	session. The parent or guard	dian assures that a licensed and	,,
 In March and June, transported for the p The payment shall b 	the District shall past semester. e computed on the	pay the parent the	e sum officially a hedule establish	pproved in the application and in Section 20-10-1	42, MCA, and the informat	he teacher or pr	incipal of the school of the nu ing this contract.	mber of days the student(s) was	
	erminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, which			Date	
Deer Lodge Elem High School District		,						Date	
High School District Chair, Board of Trustees Date							Date		
			I attes	t that the above	information is true a	nd correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501		ue to School Cl			
Elementary District Responsible for Re	eimbursing the Contrac	et	Cou	nty	<u> </u>	Legal Entity
Deer Lodge Elem			Po	well		0712
High School or K-12 District Responsit	ole for Reimbursing the	e Contract	Cou			Legal Entity
Is this contract shared between el □ yes □ no	ementary and high	school?				
Are you applying for isolation state (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA)		Student N	lame	School	Grade
rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans	ation of residence. In one ces must be reviewed a sportation committee, a	order to receive and approved by the and the Office of	Student N	lame	School	Grade
Public Instruction. (10.7.116 ARM prov Check here only if increased payment District Trustees and the County Trans	due to isolation has be	,	Student N	lame	School	Grade
Elem District Approval ☐ yes	Initials □ no	_	Student N	lame	School	Grade
	□ no □ no	<u>-</u>		NTRACT IS FO	OR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1 □ 1st Se	-12 mester Only	□ 2nd Semester On	ly □ Both Semesters
Susie Kramer			Pre-kinde	rgarten/Kinder	garten	•
Physical Address (street address	only):					ly Both Semesters
Distance from home to nearest so Elementary 7 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total	us stop, if any (one	d by this contract.	Kinderga by this co To or fror To or fror Kinderga To or fror To or fror To or fror Deadlir PARENT	rten child ride ontract: n Bus Stop n School rten child ride n Bus Stop n School school School tes: S: Due to Sch	times per day,	days per week days per week days per week col-age students: days per week days per week days per week
Regular Trans	1000		files.	. Ocha ongma	i to county cupt by ou	iy i, retain a copy for your
Spec. Ed. Trans			COUNTY copy for y		IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					EIMBURSEMENT R	
Correspondence				(For dist	rict, county and OPI	l use only)
Reg. Contingency				Reimb	ursement rate is deteri	 mined by
Spec. Ed. Contin.					20-10-142, MCA.	
Spec. Ed. Contin.						
Agreement between parent (paren	nt name)		, and scho	ool district (dist	rict name)	.,,
(county name) The parties agree as follows: 1. The parent shall transport or provide to		ent(s) to and from the school		ys when school is ir	session. The parent or guard	dian assures that a licensed and
insured driver will transport the studer In March and June, the District shall part transported for the past semester.	pay the parent the sum off	icially approved in the applic	ation upon certification	by the teacher or p	rincipal of the school of the nu	umber of days the student(s) was
3. The payment shall be computed on the4. This contract shall terminate at the er	nd of the school year or wh	nen the student(s) is no long				
Elementary School District Deer Lodge Elem	Chair, Board of T	rustees				Date
High School District	Chair, Board of T	rustees				Date
	<u> </u>	attest that the above	information is tru	e and correct.		<u>'</u>
Signature - Parent or Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re			Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Powell County I	H S				Powell		0713
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying fo	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and t	eased payment	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Angie Bessette Physical Address (s	street address	only):			Pre-kindergarten/Kinde 1st Semester Only		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 31 e to nearest bu HS 7 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to School	times per day,	days per week
Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.					(For dis	EIMBURSEMENT R strict, county and OPI coursement rate is detern 20-10-142, MCA.	use only)
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall past semester. be computed on ti terminate at the el	transportation for nts. Mileage con pay the parent the the basis of the so and of the school y	the student(s) t tracts are valid t e sum officially a chedule establisl year or when the	o and from the school only when transportation approved in the applicate the din Section 20-10-1 estudent(s) is no longe	, and school district (dister referred to as the District(s or bus stop on the days when school is on for the distance reported on the contribion upon certification by the teacher or 42, MCA, and the information accompand). in session. The parent or guaract actually occurs. principal of the school of the nurying this contract.	imber of days the student(s) was
Elementary School		Í	ard of Truste				Date
High School District Powell County H S	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	·	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	1	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Bill McIntosh					Pre-kindergarten/Kinder				
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 27	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week bol-age students: days per week days per week days per week		
□ Contract is for o	, ,	#h###- #- In		:	Deadlines:				
Students in Each Grade L					PARENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, reta				
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence						EIMBURSEMENT R trict, county and OPI			
Reg.					_				
Contingency					Reimb	ursement rate is determed 20-10-142, MCA.	mined by		
Spec. Ed. Contin.									
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,		
(county name)	.,	,		County, hereina	fter referred to as the District(s)	,			
The parties agree as follow 1. The parent shall tra	ansport or provide		the student(s)	to and from the schoo	I or bus stop on the days when school is in	n session. The parent or guard	dian assures that a licensed and		
	, the District shall p				ion for the distance reported on the contra ation upon certification by the teacher or p		imber of days the student(s) was		
The payment shall	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fin				
Elementary School			ard of Truste		and a second of the second of		Date		
High School District Powell County H S	i	Chair, Boa	ard of Truste	ees			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 200 ue to School Clerk Jun		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Powell County I	H S				Powell		0713
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	ıd high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section rates for special circum	20-10-142, MCA	A, provides for					
increased rates, individed trustees of the district, Public Instruction. (10.)	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been a	oproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				Only 2nd Semester	Only Both Semesters
Brain Quigley Physical Address (s	treet address	only):			Pre-kindergarten/		
1 Hysical Address (s	ilicci addices	Orny).				Only 2nd Semester N/PREKINDERGARTEN:	Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	•	• /		by this contract: To or from Bus St To or from Schoo Kindergarten ch To or from Bus St	top times per da top times per da ild rides <u>without</u> other s top times per da	days per week
□ Contract is for o	, ,					i times per da	ay, days per week
Students in Each Grade Lo		,		T	<u>Deadlines:</u> PARENTS: Due	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send files.	original to County Supt by	/ July 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPER		iginal to OPI by July 10, retain a
Room & Board					copy for your files	REIMBURSEMENT	T DATE
Correspondence					(F	or district, county and (
Reg.						Deimburg and note in de	An unaire and have
Contingency Spec. Ed. Contin.						Reimbursement rate is de 20-10-142, MC/	
Agreement between	n narent (nare	nt name)			and school distri	ct (district name)	
(county name)	r parom (paro	nt riamo)		County hereina	fter referred to as the Dis	,	·,
The parties agree as follow 1. The parent shall tra	ansport or provide		the student(s)	to and from the schoo	or bus stop on the days when so	chool is in session. The parent or	guardian assures that a licensed and
	, the District shall p				ion for the distance reported on the ation upon certification by the tea		he number of days the student(s) was
The payment shall	be computed on the				142, MCA, and the information ac er enrolled in school, whichever o		
Elementary School	District	Chair, Boa	ard of Truste	ees			Date
High School District Powell County H S	High School District Chair, Board of Trustees Date Powell County H S						
			I attes	t that the above	information is true and co		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620		School Year 2005- 2006 Due to School Clark June 1						
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Conf	tract	County		Legal Entity		
Powell County F	ł S				Powell		0713		
Is this contract share □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attacl	n explanation))	□ No		Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district.	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and apprinted in the contract of the c	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	-		itials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
David Mannix					Pre-kindergarten/Kinder				
Physical Address (s	treet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 29.4 to nearest bu HS 4.4	,	•		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School	times per day,times per day,times per day,es without other schotimes per day, _	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Le	evel - Only include	the students to b	be covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	ll to County Supt by Jul	y 1, retain a copy for your		
Regular Trans						NDENTS: Send origina	ll to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					RI	EIMBURSEMENT RA trict, county and OPI			
Correspondence Reg.					_				
Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,		
insured driver will to 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on the ransport of the the student be computed on the ransport or provide the student the student the stude the District shall p past semester.	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	Ifter referred to as the District(s) of or bus stop on the days when school is in tion for the distance reported on the contraction upon certification by the teacher or part of the contraction accompanier enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. principal of the school of the null ying this contract.			
Elementary School I		,	ard of Truste				Date		
High School District Powell County H S							Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620		School Year 2005- 2006 Due to School Clark June 1						
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County H	H S				Powell		0713		
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attack	h explanation))	□ No		Student Name	School	Grade		
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes		tials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Diana Stitt Physical Address (s	treet address	only):			Pre-kindergarten/Kinder		- 5 4 6		
1 Hysical Address (s	ireet address	Offig).			□ 1st Semester Only KINDERGARTEN/PRE		y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu HS 11.5	,			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch				
Decules Trees	Total	Total	Total	Total	CLERKS: Send origination files.	ll to County Supt by July	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTEI copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board					RI	EIMBURSEMENT RA			
Correspondence					(For dis	trict, county and OPI	use only)		
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						·			
Agreement between	n parent (pare	nt name)			, and school district (dis	rict name)	······································		
insured driver will to 2. In March and June, transported for the 3. The payment shall	ansport or provide ransport the stude the District shall past semester. be computed on the answer or student be computed on the past semester.	nts. Mileage con pay the parent the	the student(s) that tracts are valid of the sum officially achieved a stablishment of the stablishment of	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in the distance reported on the contraction upon certification by the teacher or put 142, MCA, and the information accompanier enrolled in school, whichever occurs fir	n session. The parent or guard ct actually occurs. principal of the school of the nur ying this contract.			
Elementary School	District	Chair, Boa	ard of Truste	es			Date		
High School District Powell County H S							Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Powell County I	H S				Powell		0713
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Don Curlin Physical Address (s	troot address	only):			Pre-kindergarten/Kinder		
Filysical Address (s	sireet address	Offiy).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	, ,					unles per day, _	days per week
Students in Each Grade L				T	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	-	
Room & Board					RI	EIMBURSEMENT R trict, county and OPI	
Correspondence						·	
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, IVIOA.	
		1					
Agreement between	ı parent (parei	пі патіе)		County bearing	, and school district (dist	,	,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is in		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fire		
Elementary School			ard of Truste		or emoned in consor, which ever cooling in		Date
High School District Powell County H S	t	Chair, Boa	ard of Truste	ees			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Respo	onsible for Re	eimbursing the	Contract		County	·	Legal Entity
High School or K-12 Distri	ict Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Powell County H S	3				Powell		0713
Is this contract shared ☐ yes ☐ no	between el	ementary an	d high scho	ol?			
Are you applying for is (If yes, please attach e	xplanation)	1	□ No		Student Name	School	Grade
ISOLATION: Section 20- rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	ances of isola I circumstance county trans	ation of resider ces must be re sportation com	nce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increas District Trustees and the 0	ed payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes □	lni □ no	tials		Student Name	School	Grade
		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian Na	me: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Donna Carrillo					Pre-kindergarten/Kinde	ergarten	
Physical Address (stre	et address	only):			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level	HS 29 nearest bu HS 10 way only	is stop, if any	y (one way)	is contract.	by this contract: To or from Bus Stop To or from School Kindergarten child ric	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans		3 2 3 2 3			files.		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	
Correspondence					(,,	,,
Reg. Contingency					Reim	bursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20 10 112, 1110/1.	
Agreement between pa	arent (parer	nt name)			, and school district (dis	, 	· · · · · · · · · · · · · · · · · · ·
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be a	sport the studer District shall p t semester. computed on th	nts. Mileage con pay the parent the ne basis of the so	the student(s) that tracts are valid of the sum officially achieved a stablishment of the stablishment of	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s I or bus stop on the days when school is ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompa	in session. The parent or guard act actually occurs. principal of the school of the nunying this contract.	
4. This contract shall term Elementary School Dis			vear or when the ard of Truste		er enrolled in school, whichever occurs f	rst.	Date
High School District Powell County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct		
Signature - Parent or Gu	ardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Gene Coughlin					Pre-kindergarten/Kinde				
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day, times per day, les without other scho	days per week days per week days per week col-age students: days per week days per week days per week		
☐ Contract is for o Students in Each Grade L	, ,	the students to h	a accorded by the	in contract	Deadlines:				
Students in Lacir Grade L	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	nool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Room & Board					copy for your files.	EIMBURSEMENT R	ATE		
Correspondence						trict, county and OPI			
Reg. Contingency Spec. Ed. Contin.					Reimb	oursement rate is detern 20-10-142, MCA.	mined by		
Agreement betweer	n parent (pare	nt name)			, and school district (dis	trict name)			
(county name) The parties agree as folloo 1. The parent shall trainsured driver will t 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the studer, the District shall p past semester. be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) t tracts are valid e sum officially a thedule establisi	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contra ation upon certification by the teacher or I 142, MCA, and the information accompar er enrolled in school, whichever occurs fire	n session. The parent or guaract actually occurs. principal of the school of the nuring this contract.			
Elementary School		Chair, Boa	ard of Truste	es			Date		
High School District Powell County H S	t	Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 te to School Clerk June	1			
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Di	•	ole for Reimbu	rsing the Cont	tract	County		Legal Entity		
Powell County F					Powell		0713		
Is this contract share ☐ yes ☐ no		•	id high scho	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation))	□ No	mhursement	Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				ly 2nd Semester Onl	y Both Semesters		
Gerald Lyons Physical Address (st	treet address	only):			Pre-kindergarten/Kii □ 1st Semester On		y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 5 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	1st Semester Only 2nd Semester Only Both Semesters				
insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall	rs: Insport or provide Insport the stude Insport the stude Instruct shall past semester. Insport the computed on the Instruction of the computed on the Instruction of the computed on the erminate at the erminate of the erminate at the erm	transportation fo nts. Mileage cor nay the parent th ne basis of the s nd of the school	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the District or bus stop on the days when schoo on for the distance reported on the ation upon certification by the teacher 142, MCA, and the information accorer enrolled in school, whichever occur	ct(s). It is in session. The parent or guard ontract actually occurs. It or principal of the school of the numpanying this contract.	mber of days the student(s) was		
Elementary School I		,	ard of Truste				Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			I attes	t that the above	information is true and corr				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	1	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
James M. Gallo Physical Address (s		only):			Pre-kindergarten/Kinde				
Filysical Address (s	sireer address	Offig).			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,tes without other schotimes per day,	days per week days per week days per week col-age students: days per week days per week days per week		
☐ Contract is for o	, ,	the etudente to be	o accorded by the	in nontroot	Deadlines:				
Students in Each Grade L					PARENTS: Due to Sch	nool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence						EIMBURSEMENT R. trict, county and OPI			
Reg.					_				
Contingency					Reimb	oursement rate is deterr 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						,			
Agreement between	n parent (pare	nt name)			, and school district (dis	trict name)_	,		
(county name)				County, hereina	fter referred to as the District(s)	i.			
	ansport or provide				I or bus stop on the days when school is i		dian assures that a licensed and		
	, the District shall p				ion for the distance reported on the contra ation upon certification by the teacher or p		imber of days the student(s) was		
This contract shall	terminate at the er	nd of the school y	ear or when the	student(s) is no longe	142, MCA, and the information accompan er enrolled in school, whichever occurs fir		1 -		
Elementary School District Chair, Board of Trustees							Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	ract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	-		itials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Janet Horne					Pre-kindergarten/Kinder				
Physical Address (s	treet address	oniy):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 4.4 ne-way only	us stop, if any	y (one way)	is contract.	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines:	times per day,times per day,s without other schotimes per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
•					copy for your files.		NTE .		
Room & Board Correspondence						EIMBURSEMENT RA crict, county and OPI			
Reg. Contingency					Reimb	ursement rate is detern	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer	n parent (pare	nt name)			, and school district (dist	,	7		
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on the	nts. Mileage con pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in the ion for the distance reported on the contra- ation upon certification by the teacher or particle. MCA, and the information accompan	n session. The parent or guard ct actually occurs. rincipal of the school of the nur ying this contract.			
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, whichever occurs fire	ST.	Date		
High School District Powell County H S		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.		<u> </u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Powell County F	l S				Powell		0713
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incredibitrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval			tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Jay Coughlin Physical Address (st	root addraga	only):			Pre-kindergarten/Kinder		
Physical Address (si	reet address	orily).			1st Semester OnlyKINDERGARTEN/PRE		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 27.6 to nearest bu HS 6.1	·			Kindergarten child ride by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School	es <u>with</u> other school-a times per day, _ times per day, _ es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans						NDENTS: Send origina	ll to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TDEITION COME ON GINE	The error system of the error o
Room & Board					RI	EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.					_		
Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studed the District shall p past semester. be computed on the	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or pure the contration accompaner enrolled in school, whichever occurs fire the contraction of the contraction accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School [District	Chair, Boa	ard of Truste	es			Date
High School District Powell County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2005- 2006 e to School Clerk June 1				
Elementary District Re			Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbur	rsing the Conf	ract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?					
Are you applying fo	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade		
Check here only if incomplistrict Trustees and t	reased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Init	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Onl	y Both Semesters		
Jeanette Diaz Physical Address (s	street address	only):			Pre-kindergarten/Kinde 1st Semester Only		y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 21.7 e to nearest but HS 7.7 ene-way only evel - Only include Pre-K Total	the students to b	e covered by th	9-12 Total	KINDERGARTEN/PRE Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. Ri (For dis	times per day, times	days per week days per week days per week ool-age students: days per week		
(county name) The parties agree as follor 1. The parent shall tr insured driver will 2. In March and June transported for the 3. The payment shall 4. This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage confo pay the parent the the basis of the sc and of the school y	the student(s) tracts are valid of esum officially a hedule establishear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	, and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contration upon certification by the teacher or part of the distance reported on the contration upon certification by the teacher or part enrolled in school, whichever occurs fire	n session. The parent or guard actually occurs. principal of the school of the nurying this contract.	mber of days the student(s) was		
Elementary School		,	rd of Truste				Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			I attes	t that the above i	nformation is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	·	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	1	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
John P. Price Physical Address (s	treet address	only).			Pre-kindergarten/Kinder		li		
(3					1st Semester OnlyKINDERGARTEN/PRE		ly □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week		
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					copy for your files.				
Room & Board					RI	EIMBURSEMENT R trict, county and OPI			
Correspondence					,	•	,,		
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20-10-142, WOA.			
Agreement between	ı parent (parei	nt name)		County bearing	, and school district (dist	,	· · · · · · · · · · · · · · · · · · ·		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is in		dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.			
	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fire				
Elementary School			ard of Truste		5. 2.10.00 iii ositoo, miiotievei occuls III.		Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			l attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	School Year 2005- 2006 te to School Clerk June				
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Dis	•	ole for Reimbu	rsing the Cont	tract	County		Legal Entity		
Powell County H					Powell		0713		
Is this contract share ☐ yes ☐ no		-	-	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mhursement	Student Name	School	Grade		
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola al circumstant ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	•	Ini □ no □ no	itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Pleas	e Print)				nly 2nd Semester Onl	y Both Semesters		
Sandy Graveley Physical Address (str	reet address	only):			Pre-kindergarten/K		y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 6.5 e-way only	us stop, if an	y (one way)	is contract. 9-12 Total	St Semester Only 2nd Semester Only Both Semesters				
insured driver will tra In March and June, transported for the p The payment shall b This contract shall te	s: Isport or provide to an apport the stude to the District shall past semester. It is computed on the priminate at the erriminate at the	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	on for the distance reported on the	ct(s). col is in session. The parent or guard contract actually occurs. er or principal of the school of the numerous propanying this contract.	mber of days the student(s) was		
Elementary School D	DISTRICT	,	ard of Truste				Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			I attes	t that the above	information is true and cor	rect.			
Signature - Parent or 0	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powell County I	H S				Powell		0713		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	lni □ no	tials		Student Name School Grade				
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Todd Voss Physical Address (s	treet address	only):			Pre-kindergarten/Kinde				
1 Hysical Address (s	dicet address	Offig).			□ 1st Semester Only KINDERGARTEN/PRE		ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week		
□ Contract is for o	ne-way only					times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					copy for your files.				
Room & Board					R	EIMBURSEMENT R trict, county and OPI			
Correspondence									
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20-10-142, WOA.			
A		-4 >				triet a cons			
Agreement between	і рагені (рагеі	пі папіе)		County harris	, and school district (dis fter referred to as the District(s)	,	······································		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	I or bus stop on the days when school is i		dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distance reported on the contra ation upon certification by the teacher or	act actually occurs.			
	be computed on the				142, MCA, and the information accomparer enrolled in school, whichever occurs fire				
Elementary School			ard of Truste		5. 5onou in comodi, windhover decuts in		Date		
High School District Chair, Board of Trustees Powell County H S							Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Dementary District Responsible for Reinhoursing the Contract County		3ox 202501 na, MT 59620)-2501			ue to School	2005- 2006 Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Is this contract shared between elementary and high school? yes	Ovando Elem						Powell		0715
Agreement between parent (parent name) Regular Trans Spec. Ed. Crains Regular Trans Spec. Ed. Crains Regular Trans Spec. Ed. Contin. Pre-K. K. 1-8 9-12 Correspondence Reg. Correspondence R		istrict Responsit	ole for Reimbu	rsing the Cont	tract				
Agreement between parent (parent name) Regular Trans Spec. Ed. Crains Regular Trans Spec. Ed. Crains Regular Trans Spec. Ed. Contin. Pre-K. K. 1-8 9-12 Correspondence Reg. Correspondence R									
Student Name School Grade students and the complete of pancial circumstances of solution of residence. In coder to receive raises for apacial circumstances of solution of residence. In coder to receive raises for apacial circumstances of solution of residence. In coder to receive raises of the solution set of solution of residence. In coder to receive raises of the solution set of the solution set of residence. In coder to receive raises of the solution set of residence of the solution set of the solu		ed between el	ementary an	d high scho	ol?				
Interest of special circumstance of fiscation of residence. In order to receive impressed rate, invitable circumstance and approved by the public instruction. (10.7.116_ARM) provides guidelines for such.) Cince, here only if increased payment due to solidition has been approved by the District Trustees and the County Transportation Committee. Earn District Approval	(If yes, please attac	h explanation))		mhursement	Stude	nt Name	School	Grade
Student Name School Grade	rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Stude	nt Name	School	Grade
Student Name School Grade HS Desired Approval yes no	Check here only if incr	eased payment	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Grade
This CONTRACT IS FOR: Grades 1-12 fall semester Only 2nd Semester Only Both Semesters	Elem District Approval	□ yes	Ini □ no			Stude	nt Name	School	Grade
Parent or Guerdian Name: (Please Print)								OR:	
Pre-kindergarten/Kindergarten Social Address (street address only):			e Print)					 □ 2nd Semester On	lv □ Both Semesters
Physical Address (street address only): Semester Only 2nd Semester Only Both Semesters	Cindy Jacobser	1					,		., = ==================================
Stance from home to nearest school (one way)			only):						ly Both Semesters
Stance from home to nearest school (one way)						KIND	ERGARTEN/PRE	KINDERGARTEN:	
Distance from nome to relearest bus stop, if any (one way) Elementary 0			chool (one wa	ay)		Kinde by thi	ergarten child ride s contract:	es with other school-	
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Total Regular Trans			ıs stop, if any	y (one way)		Kinde To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day,	ool-age students: days per week
Pre-K Total	□ Contract is for o	ne-way only				10 01		times per day,	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name school of the sudenties to a the District(s). The paries agree as follows: 1 The paries name thail transport or provide transportation for the students of the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1 The parient shall transport be students and the application upon certification upon certification upon certification upon certification part enter sum of the school year or when the studenties in the application pone certification spone to the school of the number of days the student(s) was transported for the past semester. 3 The payment shall be computed on the basis of the school year or when the studenties in the application of the district of the district of the school of the number of days the student(s) was transported for the past semester. 4 This contract shall terminate at the end of the school year or when the studenties in the application for the district of the school of the number of days the student(s) was transported for the past semester. A The payment shal	Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Dead	dlines:	aal Clark luna 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) Country name Country name Country name Country name Country hereinafter referred to as the District (district name) Country name Country name Country hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. The parent shall transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 2. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Date I attest that the above information is true and correct.									
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)		Total	Total	Total	Total		KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Regular Trans						ITY SUPERINTER	IDENTS: Send origin:	al to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application procrification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	Spec. Ed. Trans							DENTO: Cond ongine	
Agreement between parent (parent name)	Room & Board								
Agreement between parent (parent name)	Correspondence						(FOI dis	rict, county and OP	ruse only)
Agreement between parent (parent name)	-						Reimb	ursement rate is deter	mined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Ovando Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	0 ,							20-10-142, MCA.	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Ovando Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.									
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school year or when the student in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Agreement between	n parent (parei	nt name)			, and s	school district (dist	rict name)	,
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schoollyear or when the student in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	(county name)				County boroins	ftor referred to	as the District(s)		
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Ovando Elem High School District Chair, Board of Trustees I attest that the above information is true and correct.	The parties agree as follow				• • • • • • • • • • • • • • • • • • • •		()		dian annual desk a lineare d'and
transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Ovando Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	ion for the distanc	e reported on the contra	ct actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Ovando Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	transported for the	past semester.		•		•		·	umber of days the student(s) was
Ovando Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	This contract shall	terminate at the er	nd of the school y	ear or when the	student(s) is no long				Γ= .
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.		District	Chair, Boa	ard of Truste	es				Date
		:	Chair, Boa	ard of Truste	es				Date
				I attes	t that the above	information is	true and correct.		
-	Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Ovando Elem						Powell		0715
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be review to the comment of	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia no no	als		Stud	lent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
David Weis					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	KIN Kind by the Took Kind Took Took Took Took Took Took Took Too	DERGARTEN/PREVIDENCE CONTROL OF THE PREVIOUS CONTROL O	times per day, times	days per week
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for the state. Mileage contrary the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation pproved in the applice and in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guant actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and umber of days the student(s) was Date Date
						to tonical the second		
Signature - Perent	Guardian		I attes	t that the above	ıntormation	is true and correct.	Date	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Ovando Elem						Powell		0715
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo (If yes, please attac	h explanation)	□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circur increased rates, individual transfer in the section of the section	nstances of isolation	ation of residen ces must be rev	ce. In order to viewed and application to the contraction of the contr	o receive oproved by the	Stud	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				е Опісе от	Stud	dent Name	School	Grade
Check here only if incomplished District Trustees and t		sportation Com		pproved by the				
Elem District Approval HS District Approval	•	□ no				dent Name	School	Grade
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>JK:</u>	
Parent or Guardian		se Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
John W. Matthe Physical Address (s		only):				-kindergarten/Kinder st Semester Only	garten □ 2nd Semester Only	/ □ Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary 3.1	e to nearest so HS 0	chool (one wa	y)		bv t	his contract:	· 	ge students also covered days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
☐ Contract is for o	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.		adlines: RENTS: Due to Sch	ool Clerk June 1	
	Pre-K	K	1-8	9-12				
De voles Tress	Total	Total	Total	Total	CLE files		I to County Supt by July	/ 1, retain a copy for your
Regular Trans Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					сор		EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.						Reimb	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)		· · · · · · · · · · · · · · · · · · ·	, and	d school district (dist	rict name)	,,·
(county name)				County hereinaf	ter referred	I to as the District(s).		
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and
insured driver will	transport the stude	nts. Mileage cont	racts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	
transported for the	past semester.		•				·	nber of days the student(s) was
						the information accompany chool, whichever occurs first		
Elementary School			rd of Truste					Date
Ovando Elem High School District	t	Chair, Boa	rd of Truste	es				Date
			Lattes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian		1 41165	t triat trie above	iiioiiiialioi	is true and correct.	Date	
orginature - Farent Of	Juai ulail						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Ovando Elem						Powell		0715
High School or K-12 D	istrict Responsi	ble for Reimbur	rsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?				
Are you applying for (If yes, please attact ISOLATION: Section	h explanation)	□ No	mbursement	Stud	dent Name	School	Grade
rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order to viewed and apmittee, and the mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stud	dent Name	School	Grade
Elem District Approval		□ no	tials		Stud	dent Name	School	Grade
HS District Approval County Approval		□ no			THIS	S CONTRACT IS FO	OR:	
Parent or Guardian		e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Julie M. Gilchris	st					•	·	,
Physical Address (s		only):				-kindergarten/Kinder st Semester Only		y Both Semesters
						DERGARTEN/PRE		ge students also covered
Distance from home Elementary 12	e to nearest so HS 0	chool (one wa	ıy)		by t	his contract:		_
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	days per week
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.		adlines:	aal Clark luna 4	
	Pre-K	K	1-8	9-12	PAH	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							EIMBURSEMENT RA rict, county and OPI	
Correspondence						(, e, e, e,	ot, county and or i	200 O.I.I,)
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	,
(county name)				County, hereinaf	ter referred	I to as the District(s)		
The parties agree as follow 1. The parent shall tra		transportation for	the student(s) t	o and from the school	or bus stop on	the days when school is in	session. The parent or guardi	ian assures that a licensed and
						nce reported on the contra		mber of days the student(s) was
transported for the	past semester.		•			the information accompany	•	,
 This contract shall 	terminate at the e	nd of the school y	ear or when the	student(s) is no longe		chool, whichever occurs first		Data
Elementary School Ovando Elem		Chall, D0a	rd of Truste					Date
High School District	:	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.	,	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 ena, MT 5962	0-2501			e to School Clerk June 1		
Elementary District Re	esponsible for R	eimbursing the	e Contract		County		Legal Entity
Ovando Elem					Powell		0715
High School or K-12 D	District Respons	ible for Reimb	ursing the Con	tract	County		Legal Entity
Is this contract shar	red between e	elementary a	nd high scho	ol?			
Are you applying fo	ch explanation	1)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur							
increased rates, indivitrustees of the district, Public Instruction. (10	, the county tran	sportation con	nmittee, and th		Student Name	School	Grade
Check here only if inconstrict Trustees and t				pproved by the	Student Name	School	Grade
Elem District Approva		□ no	nitials 		Student Name	School	Grade
HS District Approval County Approval	□ yes □ yes	□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y
Karen Martin					Pre-kindergarten/Kinde	rgarten	
Physical Address (s	street address	s only):			☐ 1st Semester Only		y Both Semesters
					KINDERGARTEN/PRE		age students also covered
Distance from home		chool (one w	ay)		by this contract:		
Elementary 14	HS 0				To or from Bus Stop To or from School	times per day, _ times per day.	days per week days per week
Distance from home Elementary 0	e to nearest b HS 0	us stop, if ar	y (one way)		Kindergarten child rid	es without other scho	days per week days per week days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	e the students to	be covered by th	is contract.	<u>Deadlines:</u>		
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send originating files.	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans						NDFNTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	<u> </u>	
Room & Board					RI	EIMBURSEMENT R. trict, county and OPI	
Correspondence						, ,	,,
Reg. Contingency					Reimb	ursement rate is deterr	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betwee	n parent (pare	ent name)			, and school district (dis	rict name)	,
(county name)				County, hereinaf	ter referred to as the District(s)		
The parties agree as follo 1. The parent shall tr		transportation fo	or the student(s) t	o and from the school	or bus stop on the days when school is i	n session. The parent or guard	dian assures that a licensed and
insured driver will	transport the stude	ents. Mileage co	ntracts are valid	only when transportation	on for the distance reported on the contra	ct actually occurs.	
transported for the 3. The payment shall	I be computed on	the basis of the s	chedule establis	hed in Section 20-10-1	42, MCA, and the information accompan	ying this contract.	
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, whichever occurs fir	st.	Date
Ovando Elem High School Distric		,	ard of Truste				Date
	<u>-</u>	5110.11, 500	J. 11d0t0				
	_		I attes	t that the above i	information is true and correct.		
Signature - Parent or	r Guardian	· 				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity
Ovando Elem						Powell		0715
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction: Section	th explanation 20-10-142, MC/) A, provides for i	increased rein	mbursement	Ota	John Hamo	3011001	Siddo
rates for special circur increased rates, individ					Stud	dent Name	School	Grade
trustees of the district, Public Instruction. (10.	the county trans	sportation comr	mittee, and th					
Check here only if incr	·	, and the second	•	onroved by the	Stud	dent Name	School	Grade
District Trustees and t		sportation Com	mittee.	oproved by the				
Elem District Approval		□ no	ials 		Stud	dent Name	School	Grade
HS District Approval County Approval		□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Kurt N. Brekke						•	•	,
Physical Address (s	street address	only):				-kindergarten/Kinder st Semester Only		y Both Semesters
					KIN	DERGARTEN/PRE	CINDERGARTEN.	
Distance from home	a to pograet co	shool (one wa	nv)		Kin	dergarten child ride		ge students also covered
Elementary 13	HS 0	niooi (one wa	iy <i>)</i>		by t To d	his contract: or from Bus Stop	times per day,	days per week
Distance from home	e to nearest hi	is ston if any	(one way)		To	or from School	times per day,	days per week
Elementary 0	HS 0	ao otop, ii diriy	(One way)		To	or from Bus Stop	es <u>without</u> other scho	days per week
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.		adlines:		
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your
Regular Trans							IDENTS: Cand origina	Lta ODI bu July 40 matain a
Spec. Ed. Trans						y for your files.	IDEN 15: Send origina	l to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						_		
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	,
(county name)				County hereinaf	iter referred	I to as the District(s).		
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cont	racts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the	past semester.	•	•				·	liber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first		Τ _
Elementary School Ovando Elem	District	Chair, Boa	rd of Truste	es				Date
High School District	t	Chair, Boa	rd of Truste	es				Date
		1	l attes	t that the above	information	is true and correct.		l
Signature - Parent or	Guardian		. 41100			and diffe control.	Date	
•	-						İ	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County		Legal Entity			
Ovando Elem					l F	Powell		0715			
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		County		Legal Entity			
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?							
Are you applying for (If yes, please attac	h explanation)	1	□ No		Studer	nt Name	School	G	rade		
ISOLATION: Section rates for special circum increased rates, individe trustees of the district.	nstances of isola lual circumstand the county trans	ation of residen ses must be rev sportation com	ce. In order to viewed and apmittee, and the	o receive oproved by the	Studer	nt Name	School	G	rade		
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolatior	n has been ap	proved by the	Studer	nt Name	School	G	rade		
Elem District Approval	□ yes	Init □ no	tials		Studer	nt Name	School	G	rade		
HS District Approval County Approval	,	□ no □ no			THIS	CONTRACT IS FO	OR:				
Parent or Guardian					Grade			ly □ Both Semester	rs		
Rob & Raeann	Henrekin					ndergarten/Kinder		,			
Physical Address (s	treet address	only):						ly Both Semester	s		
Distance from home Elementary 14.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if any	(one way)	is contract. 9-12 Total	Kinde by this To or f To or f Kinde To or f To or f To or f To LER files. COUN	rgarten child ride s contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School Illines: NTS: Due to Sch KS: Send origina TY SUPERINTEN or your files.	times per day,	days per w days per w Iy 1, retain a copy for y al to OPI by July 10, re	veek veek veek veek		
Correspondence							rict, county and OP				
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is deter 20-10-142, MCA.	mined by			
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide transport the stude, the District shall past semester. be computed on the	rransportation for nts. Mileage cont pay the parent the ne basis of the sci	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-1	fter referred to l or bus stop on the ion for the distance ation upon certifica 142, MCA, and the	reported on the contra	session. The parent or guar ct actually occurs. rincipal of the school of the nuring this contract.	dian assures that a licensed al umber of days the student(s) w			
Elementary School Ovando Elem			rd of Truste					Date			
High School District		Chair, Boa	rd of Truste	es				Date			
		<u> </u>	I attes	t that the above	information is	true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501		Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract				Legal Entity				
Ovando Elem						Powell		0715			
High School or K-12 D	istrict Responsi	ole for Reimbur	sing the Con	tract		County		Legal Entity			
Is this contract shar □ yes □ no	ed between e	ementary and	d high scho	ol?							
Are you applying fo			□ No		Stud	dent Name	School	Grade			
ISOLATION: Section rates for special circur	20-10-142, MC/	A, provides for i									
increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be reversion comme	viewed and apmittee, and th	oproved by the	Stud	dent Name	School	Grade			
Check here only if inconstruct Trustees and t				pproved by the	Stud	dent Name	School	Grade			
Elem District Approval HS District Approval	□ yes		ials		Stud	dent Name	School	Grade			
County Approval		no				S CONTRACT IS FO	<u>DR:</u>				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Steven Kloetzel					Pre-	-kindergarten/Kinder	garten				
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters			
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kindon by to To co Kindon To co De PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch	times per day,times per day,times per day,tes without other schootimes per day,times per day,times per day,tool Clerk June 1.	days per week days per week ol-age students: days per week			
Regular Trans					files		to county captaly can	, i, iotaiii a oopy ioi you.			
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a			
Room & Board							EIMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg. Contingency						 Reimb	ursement rate is determ	 nined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agreement between	n parent (pare	nt name)			. and	d school district (dist	rict name)				
	. p (p	,						,,			
(county name) The parties agree as follows:				•		I to as the District(s)					
insured driver will	transport the stude	nts. Mileage cont	racts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and			
transported for the	past semester.	• •	•				·	nber of days the student(s) was			
						the information accompany chool, whichever occurs first					
Elementary School	District	Chair, Boa	rd of Truste	es				Date			
Ovando Elem High School District	i	Chair, Boa	rd of Truste	es				Date			
			Lattes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian		ו מונפט	t that the above	ioiiiiali011	is true and correct.	Date				
orginature - Farent Of	Juai ulail						Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due to	School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
Helmville Elem			Powell		0717			
High School or K-12 District Responsib	ole for Reimbursing the Cont	ract	County		Legal Entity			
Is this contract shared between el □ yes □ no	ementary and high school	ol?						
Are you applying for isolation statu			Student Name	School	Grade			
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased reir	mbursement		3333.	3.443			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to see must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade			
HS District Approval ☐ yes	Initials no no no		Student Name	School	Grade			
	no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters			
Carolee Bard Physical Address (street address	only):		Pre-kindergarten/Kinderg ☐ 1st Semester Only		□ Both Semesters			
Distance from home to nearest but Elementary 7 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	To or from School times per day, days per w Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per w Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per w To or from School times per da							
Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the transported shall terminate at the enementary School District Helmville Elem	cransportation for the student(s) to this. Mileage contracts are valid of any the parent the sum officially a the basis of the schedule establish	County, hereinafter report of the school or bus only when transportation for pproved in the application until the difference of the school of	the distance reported on the contract pon certification by the teacher or price. ICA, and the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the numing this contract.	an assures that a licensed and			
High School District	Chair, Board of Truste	es			Date			
	I attes	t that the above infor	mation is true and correct.		<u> </u>			
Signature - Parent or Guardian				Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Helmville Elem						Powell		0717
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u>'</u>			
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0.00		00.100.	0.000
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	receive proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval		In no	itials			ent Name	School	Grade
		no				S CONTRACT IS FO les 1-12	<u>DR:</u>	
Parent or Guardian I	vame: (Pleas	e Print)			☐ 1s	st Semester Only	□ 2nd Semester Only	y Both Semesters
Paul Webb Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Elementary 17.8 Distance from home Elementary 8.5 Contract is for or	To or from School times per day, days per w. Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per w. Contract is for one-way only dents in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Pre-K Total Total Total Total Total CLERKS: Send original to County Supt by July 1, retain a copy for y files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, recopy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142 MCA							days per week days per week ol-age students: days per week days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) nined by
insured driver will tr 2. In March and June, transported for the r 3. The payment shall the contract shall	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on ton for the distantation upon certification.	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Helmville Elem High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	Lattest	that the above	information	is true and correct		
Signature - Parent or	Guardian		ı attest	unal the above i	iniormation	is true and correct.	Date	
Signature Farent Of	- 441 41411						_4.0	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the (Contract			County	-	Legal Entity		
Avon Elem						Powell		0720		
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residences must be revision comments.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade		
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters		
Julia Christian		1>-				-kindergarten/Kinder				
Physical Address (s	treet address	only):			□ 1	st Semester Only	2nd Semester On	lly Both Semesters		
Distance from home Elementary 8.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	Kinder Factor Fa	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School adlines: RENTS: Due to Sch ERKS: Send origina . UNTY SUPERINTEN y for your files. REALTS: REAL	times per day, times per day, times per day, s without other sche times per day,	days per week da		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	rransportation for to tts. Mileage controlling the parent the ne basis of the sch	the student(s) to racts are valid of sum officially a needule establish ar or when the rd of Truste	o and from the school only when transportati pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contra	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was Date Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Avon Elem					Powell		0720
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attac			increased reir	mbursement	Stadent Name	Concor	Ciudo
rates for special circum increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	J	· ·	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com		,	-		
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	S FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	y 🛘 2nd Semester Onl	/ □ Both Semesters
Maria Senecal		I. A.			Pre-kindergarten/Kin		
Physical Address (s	treet address	only):			☐ 1st Semester Only	y 2nd Semester Only	/ □ Both Semesters
						REKINDERGARTEN:	ge students also covered
Distance from home	e to nearest so HS 0	hool (one wa	ay)		by this contract:		
Elementary 3.5					To or from Bus Stop	times per day, _ times per day, _ rides <u>without</u> other scho	days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarten child To or from Bus Stop	rides without other scho	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day, _ times per day, _	days per week
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to S	School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send original files.	inal to County Supt by July	1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					county supering copy for your files.	TENDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATF
Correspondence					(For	district, county and OPI	
_							
Reg. Contingency					Rei	mbursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, WCA.	
Agreement betweer	n parent (pare	nt name)			, and school district (district name)	,,
(county name)				County, hereinaf	ter referred to as the Distric	t(s).	
The parties agree as follow		transportation for		•	or bus stop on the days when school		ian assures that a licensed and
In March and June	, the District shall p				on for the distance reported on the co tion upon certification by the teacher		mber of days the student(s) was
	be computed on the				42, MCA, and the information accom		
Elementary School			ard of Truste		. S Shou in Sonson, withortover Octur	<u> </u>	Date
Avon Elem High School District	:	Chair, Boa	ard of Truste	es			Date
			1 44 -	t that the attent	nformation is tweeters	ant .	
Signature - Parent or	Guardian		I attes	t that the above i	nformation is true and corre	Date	
orginature - i arciil Or	-uui uiaii					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity		
Avon Elem						Powell		0720		
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high schoo	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade		
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters		
PatricIA C. Bign						-kindergarten/Kinder				
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester On	ly Doth Semesters		
Distance from home Elementary 5.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day,	days per week da		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state of the parent the state basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportati pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date		
			l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT		D	oue to School Clerk June 1		
Elementary District Responsible	for Reimbursing the C	Contract	County		Legal Entity
Avon Elem			Powell		0720
High School or K-12 District Res	ponsible for Reimburs	ing the Contract	County		Legal Entity
Is this contract shared betwee □ yes □ no	een elementary and	high school?			
Are you applying for isolation	n status? □ Yes	□ No	Student Name	School	Grade
(If yes, please attach explan ISOLATION: Section 20-10-142	ation) 2. MCA. provides for in	creased reimbursement		GCHOOL	Clade
rates for special circumstances of increased rates, individual circumstrustees of the district, the count Public Instruction. (10.7.116 ARI	of isolation of residenc mstances must be revi y transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name	School	Grade
Check here only if increased pay District Trustees and the County	ment due to isolation	has been approved by the	Student Name	School	Grade
Elem District Approval	Initia □ no □ no		Student Name	School	Grade
County Approval yes	□ no		THIS CONTRACT IS FO	<u>)R:</u>	
Parent or Guardian Name: (Please Print)		☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Tim A. Beck Physical Address (street add	dress only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		<i>y</i> □ Both Semesters
Distance from home to near Elementary 6 HS 0 Distance from home to near Elementary 0 HS 0 Contract is for one-way of Students in Each Grade Level - Only Pre- Tota Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	est school (one way only include the students to be K K Total	covered by this contract. 1-8 9-12 Total Total	KINDERGARTEN/PREI Kindergarten child ride by this contract: To or from Bus Stop To or from Bus Stop To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE Reimb	kindergarten: es with other school-a times per day, times per day, es without other school times per day, cool Clerk June 1. I to County Supt by July NDENTS: Send original EIMBURSEMENT RA crict, county and OPI ursement rate is determ 20-10-142, MCA.	days per week days per week days per week ol-age students: days per week
insured driver will transport the 1. In March and June, the District transported for the past semes 1. The payment shall be computed 1. This contract shall terminate at Elementary School District Avon Elem	rovide transportation for the students. Mileage contrates thall pay the parent the ster. do not the basis of the schol year the end of the school year. Chair, Board	County, hereina e student(s) to and from the scho acts are valid only when transports sum officially approved in the appliedule established in Section 20-10 ar or when the student(s) is no lond of Trustees	, and school district (distanter referred to as the District(s). after referred to as the District(s). after referred to as the District(s). ation for the distance reported on the contral ication upon certification by the teacher or poly- 0-142, MCA, and the information accompany, igger enrolled in school, whichever occurs first	n session. The parent or guardict actually occurs. rincipal of the school of the nun	an assures that a licensed and nber of days the student(s) was
High School District	Chair, Boar	d of Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian	1			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity		
Gold Creek Elei	m					Powell		0721		
High School or K-12 D		le for Reimbur	sing the Cont	ract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely to the comments of the co	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initi □ no			Stud	dent Name	School	Grade		
County Approval	□ yes	no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	lly □ Both Semesters		
Andrea Albery Physical Address (s	treet address	only).				-kindergarten/Kinder				
1 Hysical Address (s	arcet address	Orny).				·		lly Both Semesters		
Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract	Kind by the To do To do Kind To do To do	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, ses without other sche times per day,	days per week days per week ool-age students: days per week days per week days per week days per week		
Olddonio in Edon Olddo E				· · ·	PAF	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by Ju	ıly 1, retain a copy for your		
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a		
Spec. Ed. Trans						y for your files.				
Room & Board							IMBURSEMENT R			
Correspondence						(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,			
Reg. Contingency						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by		
Spec. Ed. Contin.										
Agreement betweer	parent (parei	nt name)			. and	d school district (dist	rict name)			
(county name)	F (F	, <u> </u>				I to as the District(s).	,	,		
The parties agree as follow 1. The parent shall trainsured driver will to the shall be a support of the shall be a support of the shall be a support of the shall be as follows:	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportation pproved in the applica	or bus stop on on for the dista ation upon certi	the days when school is in ince reported on the contractification by the teacher or p	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was		
 This contract shall 	terminate at the er	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first				
Elementary School Gold Creek Elem	District	Chair, Boar	rd of Truste	es				Date		
High School District		Chair, Board of Trustees Date					Date			
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 a, MT 59620	-2501				ar 2005- 2006 ol Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County	·	Legal Entity		
Gold Creek Elem	1					Powell		0721		
High School or K-12 Dis		le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?						
Are you applying for (If yes, please attach	explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if increa	ased payment o	due to isolation	n has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval	□ yes □	Ini □ no	tials		Stud	dent Name	School	Grade		
HS District Approval County Approval		no no			THI	S CONTRACT IS FO	DR:			
Parent or Guardian N		e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Kathleen Hanser	า					·				
Physical Address (str		only):				-kindergarten/Kinder st Semester Only	garten ☐ 2nd Semester Onl	ly Both Semesters		
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 5	to nearest sc HS 0	hool (one wa	ay)		Kin by t To c	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school- times per day,	days per week		
Distance from home Elementary 0	to nearest bu HS 0	s stop, if any	y (one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	days per week pol-age students: days per week days per week		
□ Contract is for on	e-way only						times per day, _	days per week		
Students in Each Grade Lev	el - Only include	the students to b	e covered by thi	s contract.		adlines: RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files	-	to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans							IDENTS: Conderiging	al to ODI by July 10, retain a		
Spec. Ed. Trans						y for your files.	IDENTS. Send ongina	al to OPI by July 10, retain a		
Room & Board						RE	IMBURSEMENT R	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.							,			
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)	,		
(county name)				County, hereinaf	ter referred	to as the District(s).				
	sport or provide t							dian assures that a licensed and		
In March and June, transported for the p	he District shall p	ay the parent the	e sum officially a	pproved in the applica	ation upon certi	nce reported on the contractification by the teacher or p	rincipal of the school of the nu	imber of days the student(s) was		
The payment shall b	e computed on th	e basis of the so d of the school y	hedule establish ear or when the	ed in Section 20-10-1 student(s) is no longe	42, MCA, and er enrolled in so	the information accompany chool, whichever occurs firs	ring this contract. t.			
Elementary School D Gold Creek Elem			ard of Truste					Date		
High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	l attes	that the above i	information	is true and correct.				
Signature - Parent or C	Guardian		1 41103			ic and diffe control.	Date			
-										

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620	School Year 2005- 2006				
Elementary District Responsible for R	eimbursing the Cor	tract	County	1	Legal Entity
Gold Creek Elem			Powell		0721
High School or K-12 District Responsible for Reimbursing the Contract			County		Legal Entity
Powell County H S			Powell		0713
Is this contract shared between elementary and high school? ☐ yes ☐ no					
Are you applying for isolation state (If yes, please attach explanation ISOLATION: Section 20-10-142, MC.)	□ No	Student Name	School	Grade
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)			Student Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.			Student Name	School	Grade
Elem District Approval			Student Name	School	Grade
	□ no		THIS CONTRACT IS FOR: Grades 1-12		
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters		
Larry & Jennifer Moore Physical Address (street address only):			Pre-kindergarten/Kindergarten		
Filysical Address (street address	Offig).		□ 1st Semester Only □ 2nd Semester Only □ Both Semesters		
Distance from home to nearest set Elementary 0 HS 0 Distance from home to nearest be Elementary 0 HS 6 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (or the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day,	days per week da
Agreement between parent (parent name)					
Elementary School District Gold Creek Elem	Chair, Board				Date
High School District Powell County H S	Chair, Board	of Trustees			Date
I attest that the above information is true and correct.					
Signature - Parent or Guardian				Date	